Davidson County DEEDQC
Recvd: 02/06/09 13:17 6 pgs
Fees:32.00 Taxes:0.00
20090206-0010582

THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
1208 17th AVENUE SOUTH
NASHVILLE, TENNESSEE 37212-2802

ADDRESS NEW OWNER:
Donna Seigal
509 Bismark Road
Nashville, TN 37210
And
David Baker
2725 Wellman Drive
Nashville, TN 37214

MORTGAGE:
None

MAP-PARCEL:
096-13-0-032.00

SEND TAX BILLS:
Donna Seigal
509 Bismark Road
Nashville, TN 37210

QUITCLAIM DEED

The property known as 2725 Wellman Drive, Nashville, Tennessee 37214 was held in joint ownership by Richard Earl Baker and Lucille Coleman Baker, husband and wife, now deceased. Lucille Coleman Baker died intestate on November 28, 2006 in Davidson County, Tennessee, as evidence by the death certificate attached as Exhibit A. Richard Earl Baker died intestate on January 29, 2003, in Davidson County, Tennessee, as evidenced by the death certificate attached as Exhibit B, with their heirs being their daughter, Donna Seigal and their son David Baker.

FOR AND IN CONSIDERATION of the sole purpose of clearing title I, Donna Seigal and David Baker, heirs of Richard Earl Baker and Lucille Coleman Baker, husband and wife, have this day bargained and sold and do hereby transfer, quitclaim and convey, unto Donna Seigal and David Baker, heirs, all of Richard Earl Baker and Lucille Coleman Baker, right, title

and interest in and to the following described tract or parcel of land, lying in the County of Davidson, State of Tennessee;

Being Lot No. 105 on the Plan of Perrry Heights Subdivision, as of record in Book 2900, page 18, Register's Office for Davidson County, Tennessee.

Said Lot No. 105 fronts 70 feet on the south side of Wellman Drive and runs back between parallel lines 165 feet to a dead line.

Being the same property conveyed to S. K. Grayson and wife, Frances E. Grayson by deed from Edward D. McMurry and wife, Frances G. McMurry as of record in Book 4796, page 576, Register's Office for Davidson County Tennessee, the said S. K. Grayson Having since died

Conveyance subject to restrictions of record in Book 2928, page 445, Register's Office for Davidson County, Tennessee

This is improved property known as 2725 Wellman Drive, Nashville, Tennessee 37214.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

There are no debts or encumbrances which might become a lien on this described real estate.

IN WITNESS WHEREOF, I have hereunto set my hand this the 9TH day of OCTOBER, 2008.

Current Source of title Book 6237 page 914

Donna Seigal
DONNA SEIGAL, heir of Richard E. Baker

David Baker
DAVID BAKER, heir of Richard E. Baker

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, TRACIE COTTON DONNA SEIGAL, Notary Public, the within named Donna Seigal, the bargainor with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 9th day of October, 2008.

Tracie L. Cotton
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____
MY COMMISSION EXPIRES: July 3, 2012

TRACIE L. COTTON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

Donna Seigal
AFFIANT

SWORN and SUBSCRIBED to before me on this the 9th day of October, 2008.

Tracie L. Cotton
NOTARY PUBLIC
MY COMMISSION EXPIRES: MY COMMISSION EXPIRES: July 3, 2012

TRACIE L. COTTON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, TRACIE COTTON, Notary Public, the within named David Baker, the bargainor with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 9th day of October, 2008.

Tracie L. Cotton
NOTARY PUBLIC
MY COMMISSION EXPIRES: MY COMMISSION EXPIRES: July 3, 2012

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

David Baker
AFFIANT

SWORN and SUBSCRIBED to before me on this the 9th day of October, 2008.

Tracie L. Cotton
NOTARY PUBLIC
MY COMMISSION EXPIRES: MY COMMISSION EXPIRES: July 3, 2012

TRACIE L. COTTON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

03005516

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Richard Earl Baker
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 29, 2003
4. SOCIAL SECURITY NUMBER (for Decedent): [redacted]3387
5a. AGE LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min)
6. DATE OF BIRTH (Month, Day, Year): 9-23-1930
7. BIRTHPLACE (City and State or Foreign Country): Venice, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [XX] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married; Never Married; Widowed; Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Lucille Colman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machinist
12b. KIND OF BUSINESS/INDUSTRY: TN Technology Center
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2725 Wellman Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Baker
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mertie Jerells

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lucille Baker
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2725 Wellman Drive Donelson,TN 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ Justin Willis
21d. LICENSE NUMBER OF EMBALMER: 5307
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane Hermitage,TN 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): February 04, 2003

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 16739
25c. DATE SIGNED (Month, Day, Year): 2/4/03
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type Print): Dr. Mitchell Toomey, 5653 Frist Blvd. Hermitage,TN 37076

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): → a.	Lung Cancer	Months
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PH-1659 (REV. 6-99)
BIRTH NO
RDA 1339

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

Tonya Y Rutter
Local Registrar

Date Issued FEB 14 2003

THIS SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0607002

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lucille Coleman Baker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 28, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7088
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Oct. 1, 1926
7. BIRTHPLACE (City and State or Foreign Country): McEwen, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cafeteria
12b. KIND OF BUSINESS/INDUSTRY: Metro School System
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2725 Wellman Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+)

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Harris Coleman
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nellie Turner

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Donna Seigal
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 509 Bismark Drive Nashville, Tennessee 37210

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines ▶ Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ [signature]
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane, P. O. Box 757, Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers
24. DATE FILED (Month, Day, Year): December 13, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature] MD
25b. LICENSE NUMBER: 10307
25c. DATE SIGNED (Month, Day, Year): 12/13/06
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

CAUSE OF DEATH

28. PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Amoxicillin Enterocolitis
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Aspiration of Food
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted] Tonya Y Foreman

Tonya Y Foreman
Local Registrar

Date Issued DEC 13 2006

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD